## JEFF TECH

576 VO TECH ROAD REYNOLDSVILLE, PENNSYLVANIA 15851-6368 (814) 653-8265 FAX: (814) 653-8425

## JEFF TECH COSMETOLOGY SERVICE RELEASE FORM

Students with a completed release form, permission from their instructor, as well as parents/guardians may have services rendered at Jeff Tech in the Cosmetology Department during scheduled clinic days. Students requesting chemical services must arrive by 12 pm. Students are urged to come at the beginning of each session in order to receive most services. No chemical services will be scheduled after 1 pm. Payment is required when services are rendered. Parental consent must be given for any service prior to having services provided.

Students must have one completed form with their parent/guardian signature on file to have services performed. This form will stay on file in the Cosmetology Department and will remain in effect for the current school year only.

By signing this form, I do hereby acknowledge that I am fully aware that Jeff Tech, 576 Vo Tech Road, Reynoldsville, PA 15851 has a School of Beauty Culture/Cosmetology program. I realize that all work performed in the Cosmetology school is done by students that are not licensed cosmetologists. A reduction in the customarily charged price for service is being made for this reason. I hereby release the school, proprietors, students, instructors, administration, representatives, or employees from any and all liabilities arising out of and in any way connected with the performance of such services. Jeff Tech and/or the Cosmetology Department are not responsible for lost or stolen personal property. This form will remain on file and in effect for the current school year.

I understand and agree to the terms and conditions mentioned above and grant permission for my son/daughter to have any of the services offered at the school performed on him/her. Services may include haircuts, hair color, bleaching, facial waxing, manicures, pedicures, facials, and chemical hair texture services. If there are any services you DO NOT PERMIT your child to have, please list below.

| Student Name (Please Print First and Last) | Date |
|--|------|
| CTE Program/Student Shop                   |      |
| Parent/Guardian Signature                  | Date |
| Student's CTE Instructor Signature         | Date |